



**Secretary of State
Business Programs Division**

Business Entities

1500 11th Street, Sacramento, CA 95814

P.O. Box 944260, Sacramento, CA 94244-2600

Submission Cover Sheet

For faster service, file online at bizfileOnline.sos.ca.gov.

Instructions:

- Complete and include this form with your paper submission. **This information only will be used to communicate in writing about the submission, if needed.** This form will be treated as correspondence and will not be made part of the filed document.
- Make all **checks or money orders** payable to the Secretary of State.
- In person submissions (excluding Statements of Information): \$15 handling fee; do not include a \$15 handling fee when submitting documents by mail.
- Standard processing time for submissions to this office is approximately 5 business days from receipt. All submissions are reviewed in the date order of receipt with online submissions given priority. For updated processing time information, visit www.sos.ca.gov/business/be/processing-dates.

Optional Copy and Certification Fees:

- If applicable, include optional certification fees with your submission.
- For applicable certification fee information, refer to the instructions of the specific form you are submitting.

Contact Person: (Please type or print legibly)

First Name: _____ Last Name: _____

Phone (optional): _____

Entity Information: (Please type or print legibly)

Name: _____

Entity Number (if applicable): _____

Address: _____

Comments _____



Secretary of State

ASDC

Amended Statement by Foreign Corporation

(Name Change ONLY)

Additional Requirements:

- Certificate Showing the Name Change: If the legal name of the foreign corporation has changed in the state, foreign country or place of formation, this form must be submitted with a current certificate issued by the government agency where the foreign corporation was formed that certifies the change of name and includes both the old and new corporate name. (California Corporations Code section 2107.) Note: A certified copy of the name change amendment does not meet California statutory requirements.
Certificate of Name Approval (Insurers ONLY): If the foreign corporation is subject to the Insurance Code as an insurer, this form also must be submitted with a Certificate of Name Approval issued by the California Insurance Commissioner. (California Corporations Code section 2106.5.)

Filing Fee - \$30.00

Certified Copy Fee (Optional) - \$5.00

This Space For Office Use Only

1. Corporate Name (Enter the exact name of the foreign corporation as it is recorded with the California Secretary of State.)

Empty box for Corporate Name

2. New Corporate Name (Enter the new name of the foreign corporation. Note: The certificate from the government agency where the corporation was formed, as noted in the "Additional Requirements" section above, is not required if legal corporate name has not changed and you are merely filing this form to delete or change a "doing business as" name.)

Empty box for New Corporate Name

3. Jurisdiction (Enter the state, foreign country or place where this corporation is formed - must match the jurisdiction on the records of the California Secretary of State.)

4. Secretary of State Entity Number

Two empty boxes for Jurisdiction and Secretary of State Entity Number

5. Read and Sign Below (Office or title not required. Do not use a computer generated signature.)

I am a corporate officer and am authorized to sign on behalf of the foreign corporation.

Signature

Type or Print Name